

VIRGINIA DEPARTMENT FOR THE VISUALLY HANDICAPPED

Send To:

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PATIENT INFORMATION:

Name: _____

Telephone: () _____

Address: _____

Date of Birth: _____

City/State/Zip Code: _____

Social Sec. No.: _____

Sex: _____ Race: _____

Parent/Guardian (if appropriate): _____

EYE EXAMINATION INFORMATION:

Distant Acuity Without Correction
 Distant Acuity With Correction
 Near Acuity Without Correction
 Near Acuity With Correction
 Field Diameter
 (Complete reverse side)

OD	OS	OU

	Primary Impairment	Age at Onset	Etiology	Secondary Impairment	Age at Onset	Etiology
OD						
OS						

PROGNOSIS (check one): ☐ Stable ☐ Deteriorating ☐ Can Improve ☐ Uncertain

DESCRIPTION:

GLASSES (check one): ☐ Constantly ☐ Near ☐ Distance ☐ Visual Tasks ☐ New Prescription ☐ No Change

	SPHERE	CYLINDER	AXIS	PRISM
OD				
OS				
ADD				

RECOMMENDATIONS:

Indicate needed treatment(s) or surgical procedures and their C.P.T. code(s):

Check One: () Outpatient clinic/office () Outpatient Hospital () Inpatient Hospital

Address: _____

Low Vision Exam: () Yes () No Re-Exam: () Yes () No () When

EXAMINER:

Examiner's Signature _____ Date of Exam _____ Date Signed _____

() OPH () MD () OD

Examiner's Name (Please Print) _____

Address _____

City / State / Zip Code _____

Date _____

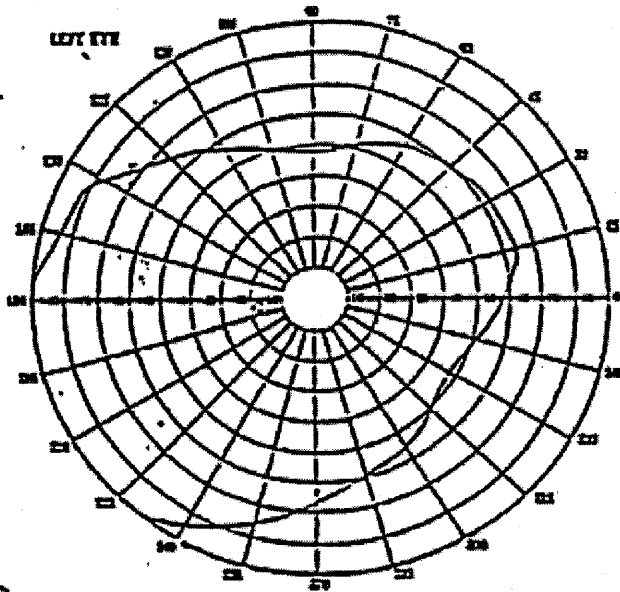
DVH AUTHORITY USE ONLY:

Legally Blind- Yes _____ No _____

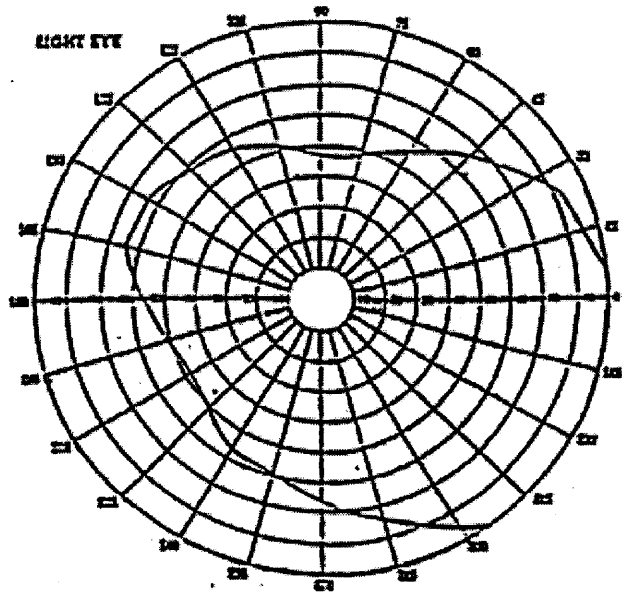
DVH AUTHORITY:

VIRGINIA DEPARTMENT FOR THE VISUALLY HANDICAPPED

INSTRUCTIONS: Determine the peripheral visual field of each eye on a standard perimeter, using a 3 mm white test object, or a Goldman III-4e target. Record the Field at its widest diameter on this chart.



O.S. FIELD _____ **DEGREES**



O.D. FIELD _____ **DEGREES**

THE VIRGINIA DEPARTMENT FOR THE VISUALLY HANDICAPPED provides services to legally blind persons of all ages throughout Virginia, as well as to some persons not legally blind but whose visual problems are progressive or of such magnitude that the specialized services of the Department are needed to assist them to achieve their maximum potentials. All such persons should be referred to the Agency for evaluation for services.

The Code of Virginia Section 63.1-71 directs the Virginia Department for Visually Handicapped to: "prepare and maintain a complete REGISTER OF THE BLIND in the State, which shall describe the condition, cause of blindness, capacity for educational and industrial training of each, and such other facts as the Department deems of value. Each physician, optometrist, or other person who, upon examination of the eyes of any person, determines that such person is a blind person as defined in Section 63.1-142, shall immediately report the name and address of such person to the Department."

The Code of Virginia Section 63.1-142 states, "blind person means a person having not better than 20/200 central visual acuity in the better eye measured at twenty feet with correcting lenses; or having visual acuity greater than 20/200 but with the widest diameter of the visual field in the better eye subtending an angle of no greater than 20 degrees measured at a distance of 33 centimeters using a 3 millimeter white test object, or a Goldman III-4e target, or other equivalent equipment. Such blindness shall be certified by a duly licensed physician or optometrist."